

ISSUE/SHIP STAPLE AREA (for additional copies references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER			
FORMALITY REVIEW			

### INDEX OF CLAIMS

Selected N Non-selected  
 Allowed I Interference  
 (Through numeral) Canceled A Appeal  
 Restricted O Objected

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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